

**160 South Macy Street
Fond du Lac, WI 54935
(920-929-3085)**

INSTRUCTIONS: Please complete this application and return it to the above address with remittance payable to:

FOND DU LAC COUNTY - PLEASE TYPE OR PRINT.

NOTE: Licensure as a mobile restaurant does not exempt an operator from licensure as a temporary restaurant operator (see HFS 196.17)

1. NAME OF OPERATOR OF BUSINESS (If partnership, list all partners, if corporation, give name and agent)		TELEPHONE ()
2. LOCATION OF BUSINESS (Street no, & name, route no., highway & other address details)		
POST OFFICE (CITY, VILLAGE)		ZIP CODE
3. MAILING ADDRESS (If same as location, write "same")		ZIP CODE
4. NAME OF BUSINESS		COUNTY
5. TYPE OF BUSINESSES-MOBILE RESTAURANT VEHICLE-Food service provided from unit: <input type="checkbox"/> – Prepackaged Foods – off premise (unit serves only pre-made prepackaged meals obtained from an approved source \$105.00 <input type="checkbox"/> – Regular - (All other types of meals sold, served or prepared on vehicle such as hot dogs, brats, egg rolls, sandwiches, etc.) \$195.00 - \$325.00 <input type="checkbox"/> – Pre-inspection fee for new operators or change of operator – required for each unit. \$90.00 - \$185.00		
6. SERVICE BASE PERMIT (Required for every operator) <input type="checkbox"/> – Mobile Service Base – Must be an enclosed building large enough to accommodate the mobile restaurant unit for cleaning, storage and servicing. No food preparation may occur at this form of base. It is the same location where wastewater is disposed of and potable water is obtained. \$105.00 <input type="checkbox"/> – Mobile Service Base – same as above but food for the mobile restaurant is prepared by the operator on this premise. \$195.00 - \$325.00 <input type="checkbox"/> -Pre-inspection fee for new operators or change of operator – required for each base. \$90.00 - \$185.00		
7. CATEGORY OF OPERATION (Check only one) Year Around Summer Winter		
8. MOBILE RESTAURANT VEHICLE IDENTIFICATION (Each Vehicle) Vehicle or Manufacturer _____ Model of Vehicle _____ Serial No. of Vehicle _____ Vehicle No. _____		9. THE OPERATOR MAY CONTRACT WITH OTHER LICENSED RESTAURANT TO PROVIDE FOOD FOR VEHICLE (Complete only if applicable) Name of Restaurant _____ Legal Licensee of Restaurant _____ License ID # _____ Address _____ City _____ Multiple Contracts – (List on separate sheet and attach)
10. MOBILE SERVICE BASE Name of Mobile Base _____ Address _____ City _____ ID # and name (if a licensed restaurant or base) _____ Telephone Number (_____) _____ a) IS ENCLOSED BUILDING AVAILABLE FOR SERVICING, CLEANING, INSPECTION AND MAINTENANCE OF THE VEHICLE? YES NO		11. IF THE MOBILE VEHICLE OR BASE WAS PREVIOUSLY LICENSED, LIST NAME, ADDRESS AND ID NO. OF PREVIOUS OPERATOR. (Complete only if applicable) Name _____ Address _____ ID #: _____
DATE YOU WISH TO OPERATE:		
13. YOUR SIGNATURE BELOW WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED AND WILL COMPLY WITH ALL APPLICABLE WISCONSIN ADMINISTRATIVE CODE(S).		
Name of Operator or Agent _____		Date _____